Payment to Agency R	eport A Publi	c Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California Q 🗘 🗸
City of San Jose			RECEIVED	Form OU
Division, Department, or Region (if applicable)			RECEIVED	For Official Use Only
Office of the City Clerk			APR 1 & 2016	
Street Address			- MIN 1 15 ZU10	
200 East Santa Clara Street, 14th Floor			City of San Jose Office of the City Clerk	
Area Code/Phone Number	Email			
(408) 535-1260	city.clerk@sanjoseca.gov		l —	ain in comment section)
Agency Contact (name and title)			Date of Original Filing	y: <u>04/14/16</u>
Toni J. Taber, CMC, City Cl	lerk			(month, day, year)
<u>_</u>				
. Donor Name and Addre				
☑ Individual Guzman	Ernest	Other		Name
200 E Santa Clara Street	First Name San Jose	.	CA	95113
Address	City		State	Zip Code
, , , , , , , , , , , , , , , , , , , ,				_ ,
If "Other" is marked, describe the entity'	s business activity (if business) or its nature	and interests		
ii Other is marked, describe the entity.	s pushiess activity (ii pushiess) of its flattire	and meresis.		
If applicable, id	dentify the name of each source a	nd the amount(s) re	eceived by the donor fo	or this payment:
	\$			¢
Name	Amount		Name	Amount
. Payment Information (C	omplete Sections 3.1 (a or	r b), 3.2, 3.3)		
3.1 (a) Travel Payment	• •	•		
on (a) maron ay mone	Location of Travel			Dates (month, day, year)
		☐ Bus ☐ Auto	o	
Transportation Provider	Check Applica			Name of Lodging Facility
		•		¢.
\$\$. Lodging Expenses	Meal Expenses 5 Transportat	ー ion Expenses	Other Expenses	⊅ Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	4/14/16	\$ 40.00	F .
·	Dates (month, d	lay, year)	Total Expenses	
3.2. Payment Description.	Provide a specific descripti	on of the payme	ent and its agency i	ourpose and use.
-				
	h four mugs valued at \$10		•	
Commission Recognition	on Event on April 13, 2016	o. A copy of the	e donation log is	allacheu.
3.3. Identify the officials w	ho used the payment in Sect	tion 3.1 (See instruc	ctions)	
Tran	Anh	Deputy City	Clerk Of	ffice of the City Clerk
Last Name	First Name	Posit	tion/Title	Department/Division
Last Name	First Name	Posit	tion/Title	Department/Division
Verification _®				
I authorized the acceptance	of the reported payment(s) as i	in compliance wit	h FPPC regulations.	
O. Ist	Toni J. Taber	City C		04/14/16
Synnature	Print Name		Title	(month, day, year)
Oignature	, mergano		1140	(monati waji jour)
Comment:				
(Use this space or an attachment for	or any additional information)			FPPC Form 801 (Jan/14
				advice@fppc.ca.g

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SPONSORSHIP AND DONATION LOG Boards and Commissions Recognition Event

Name	Contact	Address	What was donated?	Estimated Value
Amici's East Coast Pizzeria		225 W Santa Clara St 95113	Any Family Size Pasta	\$35
Blue Mango Fine Thai Cuisine	Nida Kaplan	635 Coleman Ave 95110	\$10 Gift Certificate	\$140
Children's Discovery Museum	Autumn Young	180 Woz Way 95110	1 Family 4 Pack	\$52
Disitrct 10	Councilmember Johnny Khamis	200 E Santa Clara Street 95113	SAP Grant	\$100
District 3	Councilmember Raul Peralez	200 E Santa Clara Street 95113	SAP Grant	\$250
District 9	Councilmember Donald Rocha	200 E Santa Clara Street 95113	SAP Grant	\$150
Dive Bar	Olga Sowis	78 East Santa Clara Street 95113	Check	\$100
Ernest Guzman		200 E Santa Clara Street 95113	4 Ceramic CSJ Mugs	\$40
Lyric Theatre	Chris Frye	P.O. Box 6741 95105	4 Tickets to Lyric Theatre's "The Serenade"	\$148
Mayor	Mayor Sam Liccardo	200 E Santa Clara Street 95113	Mayor Grant	\$1,000
Poor House Bistro	Jay Meduri	91 S Autumn St 95110	\$20 Gift Certificate	\$20
San Jose Marriott	Mady Warren	301 South Market St 95113	One-Night Weekend Stay	\$273
San Jose Museum of Art	Elizabeth Rock	110 South Market Street 95113	4 Dual/Family Membership	\$300
San Jose Museum of Quilts and Textiles	Debbie Aguirre	520 S. First Street 95113	1 Year Family/Dual Membership	\$75.00
			TOTAL	\$2,683
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